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facility services for individuals age 65 or older in institutions for mental diseases.

- 440.150 Intermediate care facility (ICF/MR) services
- 440.155 Nursing facility services, other than in institutions for mental diseases.440.160 Inpatient pyschiatric services for in-
- dividuals under age 21. 440.165 Nurse-midwife services.
- 440.166 Nurse practitioner services.
- 440.167 Personal care services.
- 440.168 Primary care case management services
- 440.170 Any other medical or remedial care recognized under State law and specified by the Secretary.
- 440.180 Home or community-based services.
- 440.181 Home and community-based services for individuals age 65 or older.
- 440.185 Respiratory care for ventilator-dependent individuals.

Subpart B—Requirements and Limits Applicable to All Services

- 440.200 Basis, purpose, and scope.
- 440.210 Required services for the categorically needy.
- 440.220 Required services for the medically needy.
- 440.225 Optional services.
- 440.230 Sufficiency of amount, duration, and scope.
- 440.240 Comparability of services for groups. 440.250 Limits on comparability of services.
- 440.255 Limited services available to certain aliens.
- 440.260 Methods and standards to assure quality of services.
- 440.270 Religious objections.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

Source: 43 FR 45224, Sept. 29, 1978, unless otherwise noted.

Subpart A—Definitions

§ 440.1 Basis and purpose.

This subpart interprets and implements the following sections of the Act:

1905(a) Services included in the term "medical assistance."

1905 (c), (d), (f) through (i), (l), and (m) Definitions of institutions and services that are included in the term "medical assistance"

1913 "Swing-bed" services. (See §§ 447.280 and 482.66 of this chapter for related provisions on "swing-bed" services.)

1915(c) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals who would otherwise require the

level of care furnished in a hospital, NF, or ICF/MR.

1915(d) Home and community-based services listed as "medical assistance" and furnished under waivers under that section to individuals age 65 or older who would otherwise require the level of care furnished in a NF

[57 FR 29155, June 30, 1992, as amended at 61 FR 38398, July 24, 1996]

§ 440.2 Specific definitions; definitions of services for FFP purposes.

(a) Specific definitions.

Inpatient means a patient who has been admitted to a medical institution as an inpatient on recommendation of a physician or dentist and who—

- (1) Receives room, board and professional services in the institution for a 24 hour period or longer, or
- (2) Is expected by the institution to receive room, board and professional services in the institution for a 24 hour period or longer even though it later develops that the patient dies, is discharged or is transferred to another facility and does not actually stay in the institution for 24 hours.

Outpatient means a patient of an organized medical facility, or distinct part of that facility who is expected by the facility to receive and who does receive professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight.

Patient means an individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward the maintenance, improvement, or protection of health, or lessening of illness, disability, or pain. (See also §435.1010 of this chapter for definitions relating to institutional care.)

(b) Definitions of services for FFP purposes. Except as limited in part 441, FFP is available in expenditures under the State plan for medical or remedial care and services as defined in this sub-

[43 FR 45224, Sept. 29, 1978, as amended at 52 FR 47934, Dec. 17, 1987; 71 FR 39229, July 12, 2006]